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NIXON PEABODY LLP
161 N. Clark Street
48th Floor
Chicago, Illinois 60601-3213

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,992	04/25/2006	Allen J. Brenneman	MSE-2682	5822

TITLE OF INVENTION:**Formats For Optical Analysis And Methods of Manufacturing The Same**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	01/30/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS			

Christine T. Mui

1797

422-058000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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2.

3.

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE**Bayer HealthCare LLC****(B) RESIDENCE: (CITY AND STATE OR COUNTRY)****555 White Plains Road, 5th Floor****Tarrytown, New York 10591**Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government**4a. The following fee(s) are enclosed:****4b. Payment of Fee(s):**

Issue Fee
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A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-4181-247068-000094USPX

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature /Peter J. Prommer, Reg. No. 54743/

Date **January 13, 2009**Typed or printed name **Peter J. Prommer**Registration No. **54,743**

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